

PGCPS Consent for 2025 School-Required Vaccinations

School Name _____

Please Print Clearly in Ink

Student's Name (Last)	(First)	(M.I.)	Student's Date of Birth: Grade _____ Gender: _____
Parent/Guardian Name (Last)	(First)	(M.I.)	Student ID#
Address			Cell/Home Phone
City	ZIP Code		Email Address

Do any of the following apply to your child? (If you answer YES to any question, your child might not be vaccinated.)

Yes No

- ☐ ☐ Has had Guillain-Barre syndrome?
☐ ☐ Has had a serious reaction to a vaccine in the past?
☐ ☐ Has serious allergies to medication, food, an ingredient in vaccine, or latex? If "yes", explain: _____
☐ ☐ Has had a seizure in the past?

Vaccine Name	Manufacturer	VIS Date	Site	Route	Lot Number
Tdap					
Meningococcal (MCV4)					
Hepatitis B					
Polio					
MMR					
Dtap/Td					
Varicella					

PARTICIPATION CONSENT FOR PGCPS VACCINATION CLINIC - YOU MUST SIGN HERE FOR YOUR CHILD TO BE VACCINATED

By signing this form, I give permission for my child to be vaccinated with the vaccines listed above, and vaccine(s) entered into ImmuNet, Maryland's immunization registry. Further, I agree that the information above is correct, and:

- (1) I have read the current Vaccine Information Statement for each vaccine(s) or someone has read it to me;
- (2) I understand the risks and benefits of getting the vaccine(s) I have consented for my child to receive; and
- (3) Any questions I had about the vaccine(s) have been answered.
- (4) Based on availability, the vaccine will be provided at your child's schools or a School Based Health Center (SBHC)
- (5) Signature is providing permission for your child to be transported to a SBHC for vaccine administration
- (6) PGCPS will make attempts to vaccinate your child, however if the child refuses, the parent will be responsible for finding an alternative location for their child to obtain the vaccines.
- (7) Signature of this form does not prevent your child from being excluded due to non-compliance with immunizations.

(8) For more information, please see Administrative Procedure 5161. (<https://www.pgcps.org/offices/ograc/administrative-procedures/students--5000/ap-5161---immunizations>)

Signature of Parent/Legal Guardian _____ Date: ____/____/____

If Verbal Consent is obtained Date: ____/____/____ Time: _____

Printed Name and Signature of Witness #1 _____

Printed Name and Signature of Witness #2 _____

OFFICE USE ONLY

Date VIS Given/Vaccine Administered	Printed Name and Signature of Vaccine Administrator	Notes